

will happen. For he will be uncovering such marvels of the omnipotence of our Creator, in the structure and organization of the human body, the enclosure and formation of the fetus, that there cannot help but occur to him a thousand good thoughts concerning the wisdom and power of the Lord our God. Another type of meditation no less worthy and excellent may also come to his mind. This concerns principally self-humiliation and greater disillusionment with respect to the vanity and arrogance of men. For he will see and he will feel that the exalted state of pontiffs, the haughty grandeur and pride of emperors, kings and princes, the insolence of tyrants, and in sum all those conceited ones who, it seems, forever strut about the world, that all these had their origin in the filthiest place in nature, and lived there for a period of nine months. The duodenum, that is to say, the cloaca, of the human body is the mattress on which they rested, and the urinary bladder is the sheet which covered them and protected them from the hard projection of the pubic bones. In view of these marvels it is appropriate to exclaim, with these or similar words: *Valde enim mirabilis es, Domine et facies tua plena est gratiarum.*<sup>18</sup> Esther, Chapter 15, Vol. 17.

IX. Herewith we might conclude this treatise, since therein has been set forth the method of performing the cesarean operation and the reasons for performing it. But I think it would be well to add one very important point, a matter which may arise more than once. That is the course which the priest, or confessor, should pursue with a moribund person who finds herself pregnant under immoral or secret circumstances. You may ask, when the priest or confessor, finds by the confession which he has heard from a pregnant woman that such pregnancy is a result of immorality and delinquency, how shall he act in such a critical situation which may compromise the honor of the invalid and involve the sacrifice of the salvation and temporal life of the infant she carries within her. Father Rodriguez touches upon this matter, and although he expounds it at length with admirable doctrine, we will give the essence of his argument. He says that having taken the confession of the invalid to be certain that she is pregnant, one should ask her permission to talk under bonds of secrecy with the necessary person or persons, with a view to removing the fetus after her death. Furthermore, one should request her to discuss the matter herself after the confession offering, as is just, entire secrecy, that is that no one shall know about it except the midwife, if the latter can perform the operation, or otherwise such persons as may be necessary, who will be placed under the appropriate promise of secrecy. If the invalid neither resolves to give permission [to do the operation] nor wishes to discuss the matter after the sacramental confession, he shall deny her absolution. This is recommended by the most weighty authorities because such resistance is a mortal sin and consequently there is formal indisposition on

the part of the penitent. But since it is more customary that the permission referred to is obtained, and that the invalid discusses the matter apart from the confession, she, at the point of death, will usually reveal the situation to her father or mother so that with such knowledge the latter may act with greater secrecy. The surgeon will have been informed concerning the grave necessity for maintaining confidential a matter of such solemnity, and, he being present, the operation will be performed as cautiously and prudently as may be desirable to preserve privacy. With the doctrine utilized in this problem, various other similar problems may be solved.

X. In the book, "Theological Morals and Presbyterian's Guide," where various practical problems may be found as handled by a curate or other priest from divers towns of Spain, the author says that this operation ought to be performed even in the case of women of doubtful pregnancy, for one should and can baptize the live fetus, even if it is no more than an embryo, at least in its existing state (*bajo de condición*).

Note: It is unnecessary to take the precaution of placing a cannula or similar instrument in the mouth of the deceased. This is for three very sound reasons. Modern authorities state, and experience itself has shown that the infant may be removed alive one or two days after the mother's death, even when precautions are not taken. Furthermore, the opinion of the ancients is wrong that the respiratory system of the mother communicates with that of the infant.

Finally, if it appears to the minister at the altar indecorous and tedious to have talked only of this matter [*i. e.*, the cesarean operation], let him consider that as soon as the delicate infant presents itself to the view of its renowned benefactor [*i. e.*, the minister] the latter will say lovingly and gratefully the words of David in Psalm 9, V. 14: *Tibi derelictus est pauper tueris adjutor.*<sup>19, 20</sup>

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## HISTORICAL NOTES ON PUBLIC HEALTH IN CALIFORNIA\*

THOMAS M. LOGAN, M. D., FOUNDER OF STATE BOARD OF PUBLIC HEALTH, AND ONE OF THE FOUNDERS OF THE CALIFORNIA MEDICAL ASSOCIATION

By GUY P. JONES  
Sacramento

PUBLIC health in California began with the arrival in San Francisco of Dr. Thomas M. Logan in January of 1850. He had sailed around the Horn from New Orleans in a small schooner which consumed four months in rounding the cape. A native of Charleston, South Carolina, and a

<sup>19</sup> This passage is also from the Vulgate, although it will be found in the King James Version, Psalms 10:14. The quotation, as given in the manuscript, is inaccurate, but the Douay translation of the verse reads: "To Thee is the poor man left: Thou wilt be a keeper to the orphan."

<sup>20</sup> Acknowledgment.—The writer is indebted to the librarians of the Bancroft Library, Berkeley, for their kind help and assistance in making these documents available.

\* From the office of the Chief of the Division of Vital Statistics, California State Board of Public Health.

See also article on State Health Board in CALIFORNIA AND WESTERN MEDICINE, June, 1937, page 400.

<sup>18</sup> This quotation is from the Vulgate, and does not occur in the King James Version of the Bible. The Douay translation of the Vulgate renders the passage: "For thou, my Lord, art very admirable and Thy face is full of graces."

graduate of the medical college of that state, he practiced in his native city and later, at the time of the discovery of gold, was practicing in New Orleans. He settled in Sacramento in August of 1850, beginning the practice of medicine immediately and laying the foundations of public health work in this state. He lived in Sacramento until his death, February 13, 1876.

His interest in the climatic, social and medical conditions in this new state was most intense. The status of endemic diseases and the differentiation between communicable diseases in California and in the eastern and southern states became objects of his close study. There was no organization of the medical profession in those pioneer days and Doctor Logan experienced great difficulty in obtaining desired information from his colleagues. He knew that fellow practitioners were obtaining, for their own use, valuable information relative to the cause and treatment of many diseases. He made the acquaintance of a small number of medical men who were willing to provide him with such epidemiological data as they might gather and who were willing to reply to his questionnaires relative to the possible relationship between weather and disease. Such men were few, however, and there was, in general, a lack of coöperation between the medical men of the early fifties. It was not until the arrival of Dr. E. S. Cooper in 1855 that definite progress was made in organizing the medical profession of California. He and Doctor Logan possessed the scientific spirit and their acquaintance and friendship led to the organization of the California State Medical Society (name at that time, Medical Society of the State of California) in March of 1856. Together they issued the call for the first meeting, which was held in Sacramento, with about 100 present. Open activities of the society ceased in 1860 and for ten years there was really no society in existence, although a paper organization was carried on for four or five years.

In 1863, Doctor Logan was appointed by the American Medical Association, at its annual meeting, as chairman of a special committee on the medical topography of the Pacific Coast. This provided him with authorization for carrying on his public health activities. He sent questionnaires concerning communicable diseases to many medical men throughout the state, continued his weather observations, wrote extensively for the medical journals and spent a large part of his time in the study of communicable diseases in California. In 1868 and 1869, Doctor Logan's activities along public health lines increased greatly. During those years he wrote extensively upon smallpox, "fevers," and subjects that had direct bearing upon the health of the general public. His prestige among members of the profession was growing and his steadfast hold to the truth in medicine made him an outstanding figure.

Meanwhile, the idea of an organized State Board of Health had been launched on the Atlantic seaboard; Massachusetts was the first to establish the idea in concrete form by means of legislative enactment for the organization of a State Board of Health in the fall of 1869. Dr. Logan, in constant touch with medical affairs in eastern states, became

enthusiastic over the action taken in Massachusetts. He saw an opportunity for bringing about the realization of his dreams of twenty years. Almost singlehanded, he put through the legislation which brought into being the California State Board of Health and in April of 1870 that board began its functions which have been carried on continuously ever since. Doctor Logan became the first secretary of the board, which office he occupied until his death in 1876. Meanwhile, in 1870, Doctor Logan issued a call for the reorganization of the State Medical Society, which took place at a meeting held October 19, 1870. (Doctor Logan was elected to the presidency of the Medical Society of the State of California in 1870.) Organized public health became established in California coincidentally with the reorganization of the medical profession, each of which was destined to operate continually thereafter. Dr. Logan occupied the focal point in both organizations. He worked prodigiously in the advancement of the profession and at the same time held the chair of hygiene in the University of California. In 1873, he was elected president of the American Medical Association. His death was due to pneumonia, which followed a period of overwork in efforts to strengthen the public health laws of that time.

Doctor Logan was followed in office by physicians of ability. In the eighties, under Dr. F. W. Hatch and Dr. G. G. Tyrell, considerable was accomplished in organizing local health departments throughout the state and in stimulating the reporting of communicable diseases. Monthly reports were received and cases were tabulated. Circulars on communicable disease control were issued. During the nineties the activities of the board were not so conspicuous; more time was spent upon regulating the sanitation of state institutions and in exercising powers of quarantine. Smallpox was a matter of concern and received more attention than any other communicable disease. As a matter of fact, in this decade the board was less active in public affairs.

It was not until 1901, when Dr. N. K. Foster of Oakland was appointed secretary of the California State Board of Health, that the organization took definite form along standard lines. With no existing machinery, not even a desk at which to work, without even stationery or a chair to sit in, and with no records of the board which preceded him, he set to work at building a state public health organization that has functioned continuously and expandingly ever since. He brought the most important modern, scientific public health procedures into the state organization. The following bureaus were established under Doctor Foster's régime:

Hygienic Laboratory.....	1905
Bureau of Vital Statistics.....	1905
Bureau of Foods and Drugs.....	1907

In 1909 Doctor Foster resigned, but recognition and appreciation of relative values in public health administration continued. With almost no funds available in 1911 and 1913, the groundwork for tuberculosis control was laid and the collection of morbidity reports was started. Activities were maintained that led to the organization of bureaus

to carry on specific activities. During the years that followed, bureaus were established as follows:

Bureau of Tuberculosis.....	1915
Bureau of Sanitary Engineering.....	1915
Bureau of Venereal Diseases.....	1917
Bureau of Child Hygiene.....	1919
Division of Dental Hygiene.....	1920

The Bureau of Venereal Diseases terminated its activities in 1920 when funds for its continuance were no longer available. It was reestablished in 1937. The Division of Dental Hygiene discontinued its activities in 1921 for the same reason.

During the period 1905 to 1927 activities in epidemiology and the control of communicable diseases were undertaken as an administrative function and partly as a laboratory function. Sanitary inspection was started in 1913, this work also being carried on as an administrative function. None of these activities took individual form until the state government was reorganized in 1927.

The State Constitution, Article XX, Section 14, states that the Legislature shall, by law, provide for the maintenance and efficiency of a State Board of Health.

## CLINICAL NOTES AND CASE REPORTS

### GRASS DERMATITIS\*

By SAUL S. ROBINSON, M.D.  
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IN 1926, Oppenheim of Vienna<sup>1</sup> first described forty cases of an unusual eruption appearing after bathing in the Ottakring baths in that city. The lesions were located upon the exposed parts of the trunk and the extremities, and were at first believed to have been caused by *Sarcoptes* bites. Further investigations, however, revealed that the patients had been lying in the meadow grass adjacent to the baths, exposed to the sunlight. Erythematous, linear, vesiculo-bullous lesions of crisscross and parallel-line configurations appeared twenty-four to forty-eight hours later over the skin areas touched by the grass. The eruption healed spontaneously in about one week, but at its sites were left dark brown macular stripes strongly resembling artefacts. These deeply hyperpigmented areas persisted for several months before gradually disappearing. Oppenheim named the condition "dermatitis bullosa striata pratensis." Cases have since been reported from various parts of Europe, including France,<sup>2</sup> Yugoslavia,<sup>3</sup> Italy,<sup>4</sup> and England.<sup>5</sup> Corson<sup>6</sup> reported one American

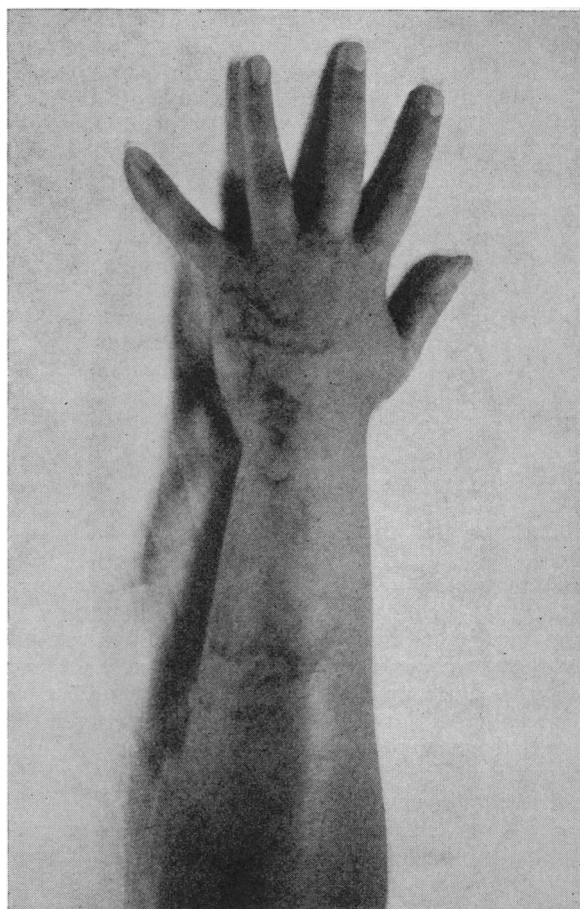


Fig. 1.—Grass dermatitis pigmentation showing the peculiar crisscross and linear lesions over the hand and forearm. One month duration.

case in October, 1935. The paucity of case reports in the United States is possibly due to the failure to recognize the disorder when seen. It is the purpose of this report to bring the characteristics of grass dermatitis to the attention of physicians in California and the West.

### REPORT OF CASE

Miss K. H., age 15, was admitted to the outpatient dermatology clinic with the complaint that "brownish lines" had appeared during the past month over her hands and forearms. The patient had mowed a lawn five weeks previous while exposed to a strong sunlight. During this procedure the cut grass had flown up out of the mower and had lightly touched her hands and forearms. On the next day an itching, bright red, striped, bullous eruption appeared over the back of her hands and the outer surface of her forearms. The disorder subsided spontaneously in about one week, leaving brownish discolorations at its sites. These hyperpigmented areas darkened considerably during the month previous to the consultation. No subjective symptoms were associated with the pigmentary lesions.

The dermatologic examination revealed the patient's exposed skin to be markedly hyperpigmented by exposure to the sunlight. A peculiar pigmented mottling was located upon the dorsum of the hands and the extensor surface of the forearms. The lesions consisted of dark brown macular crisscross and parallel linear configurations. The appearance of the eruption strongly resembled artefacts due to the actual contact of the grass blades with the cutaneous surface. No biopsy was permitted, and the patient failed to bring specimens of the grass for testing.

\* Read before the Dermatology and Syphilology Section of the California Medical Association at the sixty-sixth annual session, Del Monte, May 2-6, 1937.

From the Department of Dermatology, Cedars of Lebanon Hospital.

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5 Corsi, H.: *Brit. J. Dermat.*, 45:542, 1933.

6 Corson, E. F.: *Meadow Grass Dermatitis*, *Arch. of Derm. and Syph.*, 32:616, 1935.